

**2009 H1N1 Influenza
Updated Key Points
January 29, 2010**

What's New and Updated

- Activity Update
- International Situation Update
- Outbreak of 2009 Pandemic Influenza A (H1N1) Cases Among Long-Term Care Facility Residents-Three States, 2009
- 2009 H1N1 Influenza Vaccine

A Summary of CDC Key Public Health Messages this Season

- Flu activity in the United States for the week of January 17-23, 2010 remained about the same as during the previous week as reported in FluView. Flu activity is relatively low at this time. Most flu continues to be caused by 2009 H1N1 viruses, with very little seasonal flu spreading so far. Flu activity, caused by either 2009 H1N1 or seasonal flu viruses, may rise and fall, but it is expected to continue for several more months.
- CDC recommends a three-step approach to fighting the flu:
 - vaccination;
 - everyday preventive actions, including covering coughs and sneezes, frequent hand washing, and staying home when sick;
 - and the correct use of antiviral drugs if your doctor recommends them.
- CDC recommends influenza vaccination as the first and most important step in protecting against the flu. Supplies of 2009 H1N1 vaccines are ample, so that anyone who now wants to reduce their risk of influenza is encouraged to get vaccinated, including people 65 years and older.
- CDC recommends influenza vaccination as the first and most important step in protecting against the flu. CDC is now encouraging everyone to get vaccinated against 2009 H1N1, including people 65 years and older. While less common than with seasonal flu, severe illnesses and deaths from 2009 H1N1 have occurred in every age group, including people 65 and older.
- Vaccination of people with certain health conditions is especially important because they are more likely to get serious flu-related complications. Health conditions that increase the risk of being hospitalized from 2009 H1N1 include lung disease like asthma or chronic obstructive pulmonary disease (COPD), diabetes, heart, or neurologic disease, and pregnancy.
- It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, like people with asthma or diabetes or women who are pregnant.

**2009 H1N1 Influenza
Updated Key Points
January 29, 2010**

Activity Update

- Each week CDC analyzes information about influenza disease activity in the United States and publishes findings of key flu indicators in a report called FluView.
- Information collected during the week of January 17-23, 2010 is being reported in FluView on January 29, 2010. Below is a summary of the most recent key indicators:
- Visits to doctors for influenza-like illness (ILI) nationally are low
- Overall cumulative hospitalization rates for the 2009-10 influenza season have leveled off in all age groups and very few 2009 H1N1-laboratory confirmed hospitalizations were reported by states during the week ending January 23
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report increased over the previous week and is higher than expected for this time of year. This increase in P&I is thought to result from an increase in reports of pneumonia-associated deaths in older people. These deaths are not necessarily related to flu illness.
- In addition, another five flu-related pediatric deaths were reported this week: four of these deaths were associated with laboratory confirmed 2009 H1N1, and one death was associated with an influenza A virus for which the subtype was undetermined.
- Since April 2009, CDC has received reports of 312 laboratory-confirmed pediatric deaths: 262 due to 2009 H1N1, 47 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined, and two pediatric deaths that were associated with seasonal influenza viruses. (Laboratory-confirmed deaths are thought to represent an undercount of the actual number.
- A table showing reports of flu-related pediatric deaths (including a cumulative total of 2009 H1N1 pediatric deaths since April, 2009) is available on the CDC website at <http://www.cdc.gov/h1n1flu/updates/us/#pedh1n1cases> .
- Since CDC began tracking pediatric flu-related deaths in 2003-2004, the number of pediatric deaths reported to CDC has ranged from 46 during the 2005-2006 season to the 248 deaths reported so far during the 2009-2010 season.
- No states reported widespread influenza activity. Five states reported regional influenza activity. They are: Alabama, Georgia, New Jersey, South Carolina and Virginia.
- Almost all of the influenza viruses identified so far continue to be 2009 H1N1 influenza A viruses.

2009 H1N1 Influenza Updated Key Points January 29, 2010

- These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.
- CDC has reported a cumulative 54 cases of oseltamivir resistant 2009 H1N1 viruses in the United States since April 2009.

International Situation Update

- The 2009 H1N1 influenza virus is the predominant influenza virus in circulation worldwide.
- In temperate regions of the Southern Hemisphere, sporadic cases of 2009 H1N1 continue to be reported but no substantial increases in influenza activity have been observed.
- In the northern temperate and tropical regions of the Americas, 2009 H1N1 activity continues to decrease or remain low in most places.
- Influenza transmission continues to remain active in North Africa, certain areas of Eastern and Southeastern Europe, and parts of South and East Asia.
- China has reported outbreaks due to influenza B (48.8% of all influenza positive specimens). Intermittent detections of seasonal A (H1N1), A (H3N2) and influenza B viruses were also reported from Iran, Japan, the Russian Federation and Tunisia.
- According to the World Health Organization (WHO), the majority of 2009 H1N1 influenza isolates tested worldwide remain sensitive to oseltamivir, an antiviral medicine used to treat influenza disease. Worldwide, 220 2009 H1N1 isolates tested have been found to be resistant to oseltamivir – 54 of these were detected in the United States. All remain sensitive to zanamivir.
- The World Health Organization (WHO) continues to report updated 2009 H1N1 flu-associated laboratory-confirmed cases and deaths on its Web page (<http://www.who.int/csr/disease/swineflu/updates/en/>). These laboratory-confirmed cases represent a substantial underestimation of total cases in the world, as many countries focus surveillance and laboratory testing only on people with severe illness.
- For the most recent period in which data are available (January 10-16, 2010) 64.4% of influenza specimens were typed as influenza A and 35.6% as influenza B. Out of all subtyped influenza A viruses, 95% were 2009 H1N1 positive.

Outbreak of 2009 Pandemic Influenza A (H1N1) Cases Among Long-Term Care Facility Residents-Three States, 2009

- The January 28, 2010 *Morbidity and Mortality Weekly Report* (MMWR) contains information on 2009 H1N1 influenza outbreaks in long-term care facilities (LTCFs) in three states from October through November 2009.

**2009 H1N1 Influenza
Updated Key Points
January 29, 2010**

- Although adults aged 65 and older are at lower risk for developing 2009 H1N1 influenza, the risk of influenza complications is highest in this age group. In addition, outbreaks of 2009 H1N1 influenza, including severe infections, can occur in LTCF residents.
- The outbreaks described in the report included 2009 H1N1 influenza among LTCF residents that occurred soon after increases in respiratory infections and work absenteeism in staff. These outbreaks highlight the need for LTCFs to use recommended infection control practices to limit transmission of influenza.
 - LTCFs should conduct surveillance for respiratory illness among residents, have plans for collection and testing of respiratory specimens to identify influenza, and implement recommended infection control practices as well as initiate the use of antiviral medications for treatment and prophylaxis as recommended when influenza is detected.
- The states that reported 2009 H1N1 influenza outbreaks in residents and healthcare personnel included LTCFs in Colorado, Maine and New York.
- The possibility that transmission occurred between healthcare personnel and patients highlights the importance of excluding ill healthcare personnel from work and providing vaccination against 2009 H1N1 influenza to all LTCF staff.
 - As currently recommended, all healthcare personnel, including LTCF personnel, should be vaccinated against 2009 H1N1 influenza.
 - Yearly seasonal influenza vaccination for residents and healthcare personnel should also continue. Vaccination for 2009 H1N1 influenza is now available in many areas of the country for all people, including for those 65 years of age and older and for persons in LTCFs.

Background on Influenza and Adults 65 Years and Older

- Hospitalizations and death from seasonal influenza are more common among older adults compared to those younger than 65 years.
- Although older adults appear to be at lower risk for 2009 H1N1 influenza infection, those that develop influenza are at higher risk for complications compared to other age groups. Adults 65 and older who develop respiratory symptoms should be evaluated for possible influenza, and receive antiviral treatment if influenza is suspected.
- Data obtained early in the 2009 H1N1 influenza pandemic suggested attack rates among those people 65 years-old and older were lower than those among other age groups.

2009 H1N1 Influenza Updated Key Points January 29, 2010

- Serologic testing also found that one-third of healthy older adults over 60 years of age had anti-influenza antibodies that cross reacted with 2009 H1N1 influenza.
- Based on the attack rates and serology results, people age 65 years and older, including residents of LTCFs, were not included in the initial target groups for 2009 H1N1 influenza vaccination.
- As availability for 2009 H1N1 influenza vaccine increases, older adults, including LTCF residents, should be offered vaccination.

2009 H1N1 Influenza Vaccine

In this Section:

- Announcements
- Supply
- Recommendations

Announcements

- The vaccine for 2009 H1N1 flu will be the same for the entire 2009-2010 influenza season, which extends into the spring of 2010. The "2009" in the name only relates to the year the virus was first identified; it does not have to do with how long the vaccine will work or the year in which it should be administered. The 2009 H1N1 strain is not included in the 2009-2010 seasonal flu vaccine because it was identified after manufacturers had started making the seasonal flu vaccine.

Supply

- **(Updated)** As of Thursday, January 28, 2010, a cumulative prorata total of 147,301,010 doses had been made available for ordering since vaccine shipping began.
- There is no way to accurately predict the course of influenza epidemics. Right now is a window of opportunity for more people to get vaccinated for 2009 H1N1 flu, to provide protection should there be another wave of disease this year. Now that there is an adequate supply of vaccine, those who have been patiently waiting to receive the 2009 H1N1 vaccine are encouraged to get vaccinated.

Recommendations

- **(New)** People should get a flu vaccine every year because after being vaccinated, your immunity declines over time and may be too low to provide protection after a year.
- Parents are encouraged to ensure that children less than 10 years old get their second dose of 2009 H1N1 vaccine if they have only received one dose of the

2009 H1N1 Influenza
Updated Key Points
January 29, 2010

vaccine thus far. The recommended interval between the first and second dose should be at least 28 days.

- Now that there is an adequate supply of vaccine, CDC encourages 2009 H1N1 influenza vaccination for anyone who wants protection against the disease, including people 65 years and older.
- **(New)** CDC continues to encourage people to get vaccinated throughout the flu season, which can last as late as May. Flu seasons are unpredictable in a number of ways, including when they begin, how severe they are, how long they last and which viruses will spread. There were more uncertainties than usual going into this flu season (2009-2010), because of the emergence of the 2009 H1N1 influenza virus (previously called "novel H1N1" or "swine flu").
- **(New)** Though flu activity has declined since the late fall, there are still uncertainties surrounding the rest of this flu season, including the possibility of the circulation of seasonal influenza viruses and ongoing circulation of 2009 H1N1 viruses. In past pandemics, flu activity has occurred in waves and it's possible that the United States could experience another wave of flu activity in the winter or spring. In addition, sporadic cases of influenza may also be detected in the summer.